12th ITS World Congress Registration Form

EMPLOYEES OF PUBLIC AGENCIES WITHIN CALIFORNIA

within California.

(DU) 4-Day Delegate

(1D) One-Day Delegate

(AP) Accompanying Person

(E0) Exhibits Only

Mon

→ Mon

□ Tues

☐ Tues

Wed

□ Wed

(SP) Speaker

November 6 – 10, 2005 ★ San Francisco, California

To attend the Congress, complete parts 1–6 of this registration form (please complete both sides) and return it with full payment. Full payment must accompany all registrations or they will be returned. Each delegate must fill out a separate form. Please copy both sides of the form for additional registrants. You can register via fax or by mail.

Mail or fax completed registration form Check here if applicable: with full payment by October 15 to: You have a disability for which you will require special accommodations. **ITS** Registration You have special dietary needs. P.O. Box 604 Other (please indicate): _ Brookfield, IL 60513-0604 USA Fax: +1 708 344-4444 its2005@compusystems.com This registration form is for employees of public agencies within California only. Please note that you will only receive the discount registration of \$500 if 500 employees of public agencies within California register by October 29, so encourage your co-workers to sign up. If 500 employees of public agencies within California do not register by October 29, the registration fee will be \$800. If you do not wish to attend at a registration fee of \$800, a refund may be obtained by calling 708-486-0723 or fax a request to 708-344-4444. A business card or a photocopy of your business card must be included with this form to confirm you are an employee of a public agency

PART ONE: CONTACT INFORMATION (PLEASE PRINT) Please list your name as you wish it to appear on your badge. Each delegate must fill out a separate form. You may copy this form if necessary. ■ Mr. ■ Ms. ■ Mrs. ■ Dr. First Name: Last Name: Nickname for Badge: Job Title: Organization/Division/Agency: Mailing Address: City/State: ZIP/Postal Code: Telephone: Fax: E-mail: Website: PART TWO: REGISTRATION PACKAGES

□ Thurs

□ Thurs

□ \$500

□ \$500

\$400

\$250

□ \$50 per day

3 PART THREE: TECHNICAL TOURS*			PRICE PER PERSON	NO. OF TICKETS	TOTAL
☐ Caltrans TMC/TravInfo/Emergency Management/CFS Highlights Mod	onday, Nov. 7	1300 – 1700	\$40		
☐ Real-Time Transit/Regional Transit Information System Tue	esday, Nov. 8	0900 – 1200	\$40		
☐ East Bay Smart Corridor – Alameda CMA Tue	esday, Nov. 8	0900 — 1400	\$40		
☐ TransLink® Smart Card Fare Collection System Tue	esday, Nov. 8	1300 – 1700	\$40		
☐ FasTrak™ Electronic Toll Collection We	ednesday, Nov. 9	0900 – 1200	\$40		
□ SF Go We	ednesday, Nov. 9	0900 – 1200	\$40		
☐ ITS Research Campus, University of California at Berkeley Wee	ednesday, Nov. 9	1100 – 1400	\$40		
☐ Silicon Valley Smart Corridor/San Jose TMC Thu	ursday, Nov. 10	0900 – 1400	\$40		
☐ Capitol Corridor Commuter Rail Technologies Frid	day, Nov. 11	0800 – 1600	\$40		
4 part four: Additional events*		PART THREE S	UBTOTAL:	\$	
# of guests # of guests 5 PART FIVE: PRE-CONFERENCE WORKSHOPS*					
□ EPS: Electronic Payment Systems – Beyond the Infrastructure Sati	turday, Nov. 5	0830 – 1600	\$100		
☐ An International "Tour" of ITS Benefits, Evaluations and Costs Sun	nday, Nov. 6	1000 — 1830	\$50		
6 PART SIX: PAYMENT		PART FIVE SU	BT0TAL: <u>\$</u>		
All fees are payable in U.S. dollars only via a check, bank transfer or cre	redit card. Registra	tions received without pa	ryment will	be returne	ed.
		GRAND TOTAL OF ALL PARTS: \$			
Method of Payment: ☐ Check ☐ Bank Transfer Credit Card: ☐ AMEX ☐ Visa ☐ Master Card ☐	⊒ Discover				
Card Number:	Expiration Date:				
Name as it appears on the card:					
Signature (required for processing): Date:					
I understand that my credit card will be charged once requirements are Bank Transfer Instructions: When sending the wire transfer, please use the registrant's last name as a reference:				-	
Bank: Bank of America, McLean, Virginia, USA Account Name: ITSA 12th World Congress Account Number: 001923622409 Routing Number: 026009593 Swift Code: B0FAUS3N Please fax the following information for confirmation of wire transfer to +1 708 34	Information Disclosure: ITS America and the other World Congress organizers may use the information that you provide on registration forms to inform you about future World Congresses that we feel may be of interest to you. Personally identifiable information may be used to contact you again either online, regular mail or telephone. You may				

* Please visit http://www.itsworldcongress.org/pdf/preliminary_program.pdf for information on technical tours, pre-conference workshops and additional events.

date processed, confirmation number, registrant name, bank of origin.

you again either online, regular mail or telephone. You may choose to opt out of information collection by checking the following box.

☐ No, I do not wish to receive information about future World Congresses.